

January 9, 2013

Re: Project No. ITB 12-10748-KG

JMH Campus-wide Air Handler Unit (AHU) Replacements

Dear Sir or Madam:

The above-referenced contract is being considered for small business contract measures. If you are interested in participating as a CSBE to perform work in connection with this project and meet the requirements listed on Page 3 of this letter, please complete and return the attached Verification of Availability to bid by Friday, January 14, 2013, at 10:00 A.M. It is asked that Pages 2 and 3 are returned completed in their entirety. Failure to complete Pages 2 and 3 will result in this Verification of Availability to Bid Letter not being considered.

Please review the enclosed description of the project.

The letter of availability may be sent via facsimile transmission to (305) 375-3160 or via email at kellyd@miamidade.gov. If you have any questions, please contact me at (305) 375-3136.

Sincerely,

Kelly Duncombe

Kelly Duncombe

Department of Regulatory and Economic Resources (RER)

Small Business Development (SBD) Division

## **VERIFICATION OF AVAILABILITY TO BID**

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER) SMALL BUSINESS DEVELOPMENT (SBD) DIVISION COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM 111 N.W. 1ST STREET, 19<sup>th</sup> FLOOR

MIAMI, FLORIDA 33128

PHONE: 375-3111 FAX: 375-3160

PROGRAM COORDINATOR: Kelly Duncombe

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

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CONTRACT TITLE:	JMH Cam	JMH Campus-wide Air Handler Unit (AHU) Replacements				
PROJECT NUMBER:	ITB 12-10	ITB 12-10748-KG				
Estimated Contract Amount: Estimated Electrical Amount:		\$ 1,100,000 \$ 255,000				
(Scope of work and minimum re	quirements for	this project is at	tached.)			
NAME OF COMMUNITY SMAI	L BUSINESS I	ENTERPRISE (C	SBE)			
ADDRESS	C	ITY	ZIP CODE			
Certification Expires:DATE						
Telephone:	***Bonding Ca	npacity:				
PRINT NAME AND TITI	LE					
SIGNATURE OF COMPANY	REPRESENTA	TIVE	DATE			
Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards			

## **VERIFICATION OF AVAILABILITY TO BID**

To establish a contract to that includes the replacement of six (6) Air Handler Units at the Central Building. AHUs #154, 156, and 160 are located on the 5<sup>th</sup> floor of the building, and AHUs #161, 164, and 230 are located on the 8<sup>th</sup> floor of the building. The work is HVAC related, along with associated electrical work. Additionally, there is carpentry work associated with ICRA containment erection and maintenance.

## **MINIMUM REQUIREMENTS:**

Bidders shall at a minimum be in possession of either CA or RA (Registered or State Certified Class A Air Conditioning Contractor) or CM or RM (Registered or State Certified Mechanical Contractor) in the State of Florida. The bidder shall have a minimum of three (3) years experience on Similar Projects that included replacement of major HVAC system components in a Healthcare Environment. Experience must include Infection Control precautions for active patient care areas (ICRA) and familiarity with current code requirements per authorities having jurisdiction (AHCA and City of Miami). Bidder must provide evidence of three (3) successfully completed projects which had review and/or oversight by the State of Florida Agency for Health Care Administration (AHCA), which included AHU replacement in the past five (5) years. Bidder must provide evidence of three (3) successfully completed projects that demonstrate knowledge and experience of Class III or higher Infection Control precautions (ICRA) in the past five (5) years. In addition, the Bidder's proposed electrical sub-contractors must have successfully completed a minimum of two (2) AHCA projects in the past five (5) years.

Is your company able to comply with the minimum requirements as stated above?

Yes No					
ELECTRICAL SUBCONTRCTORS:					
The Electrical Subcontractor shall have a Electrical Subcontractor shall have complet aforementioned requirements:					
Please list all projects completed within the last five (5) years which meet the aforementioned requirements.					
Name/Location of Projects Completed Within the last five (5) years which meet the Aforementioned Requirements	Value of Project	Project Completion Date	Anticipated Awards		
NAME OF COMMUNITY SMALL BUSIN	ESS ENTERPR	ISE (CSBE)			
PRINT NAME AND TITLE	SIGNATU	URE OF COMPANY	REPRESENTATIVE		